

Tattenhall Local Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 10 and 14 March 2016 and was announced.

The service provides care and support to people in their own homes around the Tattenhall area of Cheshire. At the time of the inspection there were 36 people using the service.

There was a registered manager who had been in post since the 7 September 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care records did not contain information around whether people had mental capacity to make their own decisions, and staff were not always sure of their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Following the inspection the registered manager confirmed that staff had been booked onto additional training to improve their knowledge of the MCA, and demonstrated that records had been updated to reflect people's mental capacity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community, this needs to be authorised by the Court of Protection (CoP). At the time of the inspection there was no one currently subject to an authorisation by the CoP, however the registered manager was aware of those circumstances where an application would be required.

Staff had completed safeguarding training and they understood the different types of abuse, along with the signs and indicators that may accompany them. Staff were aware of how to report their concerns, and had access to both the registered provider's and the local authority safeguarding policy. This helped ensure that people were protected from the risk of abuse.

There were sufficient numbers of staff in place to ensure people's safety. People commented that staffing levels were consistent and that they arrived on time. Staff told us that they spent the allotted amount of time with people and that they did not feel rushed. The registered provider had an adverse weather policy and procedure in place to support those people living in more rural locations.

People were supported to take their medication as prescribed. Staff had received appropriate training in the administration of medication, and care records contained information about the level of support people required in relation to their medication. Care records also contained detailed information about people's likes, dislikes and preferences and they were reviewed and updated on a routine basis.

People told us that staff were caring and kind towards them and that they were respectful during personal

care interventions. Staff had a good knowledge of the people they were aware of how to ensure that people's dignity was maintained.

Staff spoke very positively about the registered manager and other members of the management team. Staff were kept informed of developments in people's care needs through team meetings and informal meetings. This meant that they were able to provide people with the support that they needed.

People were aware of how to make a complaint and they felt confident in approaching the registered manager with any concerns. People told us that they were contacted regularly by the registered manager to ask for feedback, and to discuss any concerns they may have so that they could be dealt with promptly. The registered provider had received a number of compliments, and people spoke positively about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received safeguarding training and knew how to report any concerns.

There were sufficient numbers of staff to meet people's needs.

People received the support they needed to take their medication as prescribed.

Is the service effective?

Good ●

The service was not always effective.

Staff were not always aware of their roles and responsibilities in relation to the Mental Capacity Act 2005, and care records did not contain information around whether people had the mental capacity to make decisions for themselves. Following the inspection these issues were rectified.

People received appropriate support during meal times which was in line with their own preferences.

Is the service caring?

Good ●

The service was caring.

People were supported to maintain their independence and had been involved in planning their care.

Staff maintained people's dignity and were respectful towards them.

There was a system in place to ensure that people's confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and contained up-to-date

information around how staff should support people.

There was a complaints procedure in place and people felt confident in approaching the registered manager with any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was an effective system in place for gathering feedback from staff and people using the service, which was used to make changes to the service.

Audits which were carried out ensured that the quality of the service was maintained.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 10 and 14 of March 2016. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by an adult social care inspector. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding and contracts team, neither of which raised any concerns. Tattenhall Local Care was previously registered at a different location, before reregistering at its current location in September 2015. As part of this inspection, we have also considered information from the service's previous registration

During the inspection we spoke with five members of staff, including the registered manager, and a visiting social care professional. We visited two people in their own home and contacted four people by telephone. We also spoke with two relatives.. We reviewed the care records for four people and looked at the recruitment files for three members of staff, as well as other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they that staff provided safe care and support, their comments included, "The service provides me with a very high standard of care", "The care is very good". One person's relative told us, "I can recall one example where they responded very well in an emergency to keep my [relative] safe".

Staff had completed safeguarding training and were aware of the different types of abuse that may occur, as well as with the signs and indicators that may cause them to become concerned. Staff comments included, "Abuse might be physical, mental or neglect", "People might have unexplained bruising, or be withdrawn". Staff were aware of how to report any concerns, and they had access to both the safeguarding policy for the registered provider and the local authority. The registered manager was aware of when it would be appropriate to report concerns to the local authority, and was able to demonstrate that they had done this. A visiting social care professional commented, "They are very quick to get in contact if they don't feel something isn't right".

Recruitment processes ensured that people were protected from the risk of harm. Applicants were interviewed by the registered manager who assessed their suitability, based on their answers to a number of questions. New staff were requested to provide two references and were subject to a check by the disclosure and barring service (DBS). The DBS helps employers make decisions about whether people are suitable to work with vulnerable people. People told us that they were supported by regular staff who they knew and trusted. Their comments included, "We have familiar carers coming to us who we trust", "You get the same ones (staff). We've become friends".

There were sufficient numbers of staff to meet people's needs. We looked at staffing rotas which indicated that staffing levels were consistent. Staff commented that they did not feel rushed and that they had time to chat with people. People told us that staff usually arrived on time, however on occasions where they had run late, one of the management team had contacted them to let them know. People's comments included, "One time when they were running late because of an emergency the manager let me know", "They never miss calls, and they're more or less always on time".

Risk assessments were completed around the safety of people's homes, which included how staff should support people to leave the premises in the event of an emergency. People who used the service and staff were also provided with an out-of-hours contact number that they could call in the event of an emergency.

Accidents and incidents were recorded by the registered manager and a copy kept on record. These indicated that the registered manager and staff had responded appropriately to concerns, and had worked to address the underlying cause. For example records outlined that an issue that had arisen with a kitchen appliance in one person's home. Staff had responded appropriately to address the issue and keep the person safe, before reporting the incident to the registered manager. One person's relative gave us another example where the registered manager had responded quickly and appropriately to ensure the person's safety.

Care records outlined where people required support with taking their medication, and provided details to staff on where medicines were stored in people's homes. Staff used medication administration records (MAR) to document when support had been given, which were appropriately completed. Staff had undertaken training in administering medication to enable them to do so safely.

Is the service effective?

Our findings

People told us that they received the care and support they needed, and that staff were good at their job. Their comments included; "Without their support I don't know what I'd do", "Their support helps me stay at home".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. The registered manager told us that there was currently no one subject to an authorisation made by the CoP, however there was an up-to-date policy and procedure in place, and the registered manager was aware of the process for referring to the CoP.

Records indicated that staff had undertaken training in the MCA, however they were not always aware of the basic principles of the act, or their roles and responsibilities in relation to these. In addition to this, people's care records did not give details around whether they had the mental capacity to make decisions, or whether they were at risk of changes to their mental capacity. It is important that this information is available to enable the registered provider to respond appropriately to any changes in people's needs, to prevent people's liberties from being infringed. Following the inspection the registered manager confirmed that staff were being supported to undertake additional training in the MCA to help improve their knowledge, and demonstrated that alterations had been made to care records to reflect people's mental capacity.

People told us that they felt that staff had the skills they needed to support them, their comments included, "They are very skilled", "They are good at what they do", "They are efficient and supportive". Staff had undertaken training in a number of areas which included, manual handling, first aid and equality and diversity. They were also supported to complete a national vocational qualification (NVQ) in care, which helped develop their skills. The registered provider had recently won an 'employer of the year' award due to the support they had given to staff with accessing training opportunities.

New members of staff were supported to undertake an induction, which included a period of shadowing experienced members of staff, as well as completing training in key areas such as safeguarding, manual handling and infection control. This gave new members of staff the opportunity to develop the required skills and knowledge to carry out their role effectively.

A record of staff supervision and appraisals was maintained and showed they were held on a routine basis. This gave staff the opportunity to meet on a one to one basis with the registered manager to discuss their performance and identify areas of development. Team meetings were also held which allowed information to be shared amongst the team, and for any updates on the service to be given to staff.

People received the correct level of support during meal times. Staff had completed training in food hygiene, and people's care records contained relevant information around what support they required with meal preparation. One person commented, "They [staff] always ask me what I want for breakfast before getting it for me".

People told us that they dealt with most of their own health care appointments and health care needs with the help of relatives and relevant others. However daily records indicated that staff had, when required, supported people to access healthcare appointments and liaised with health and social care professionals involved in people's care. One member of staff told us, "We support the same people each day which helps us to identify any changes in people's health, or spot anything out of the ordinary".

Is the service caring?

Our findings

People told us that staff were caring in their approach towards them. Their comments included; "The carers are friendly", "Carers are all very nice and personable", "They (staff) are respectful" and, "You can tell that they're genuine".

People told us that staff went above and beyond their role as carers to make sure they were well looked after. One person's relative told us, "They've come back before if I'm not in and they have concerns about [relative] that they want to discuss", whilst another person told us, "Sometimes they will pick up some milk on their way if they know I'm running low." One person told us that they had a good relationship with the registered manager, and felt confident enough to contact him to ask for support with resolving technical issues with an electronic device.

Staff ensured that people's dignity was maintained and had received training in equality and diversity. Their comments included; "I keep their t-shirt on when transferring them from the bedroom to the bathroom, and place a towel over their knees to keep them covered", "I keep people covered up and doors closed". People told us that they felt at ease with staff and commented that they were respectful during personal care tasks, their comments included, "Carers are very respectful when showering me", "They're respectful when helping me. I never feel uncomfortable or embarrassed. They talk to me, which puts me at ease", "They talk to you like you're a human being. It's good to know someone cares" and "At first I was very shy, but they're very good".

Staff spoke positively about the people they supported, and demonstrated a good understanding of their needs. Staffing rotas had been completed to help ensure that carers consistently supported the same people. One staff member told us, "it's important to know people's routine in order to maintain their dignity. The care is about them", whilst another told us, "My run is pretty constant, which allows me to get to know people". People told us that some staff had become like friends, and one person gave an example where one member of staff had been invited their birthday party.

The registered provider had a policy that people should not receive care from staff who they had not met before. People confirmed that they had been introduced to new members of staff before being supported by them, one person commented, "It's a good policy, it wouldn't be nice if a stranger turned up to your home". This helped to ensure that people were at ease and comfortable with care being provided.

People were supported to maintain their independence. One person commented, "They know what to do and how to support me, but they still involve me". Another person's relative told us that staff prompted their relative to select their own clothing before offering their support to do so. Care records contained information around goals that people wanted to achieve, for example one record stated, "I want to keep the abilities I have for as long as possible". These goals were reviewed on an annual basis, and included information on how staff could support with achieving them.

The registered manager informed us that they were not currently supporting anyone who required an

advocate, however the registered provider had an advocacy policy in place which had been given to people being supported by the service. An advocate offers independent support to people, and helps them to make decisions in their best interests.

People's confidentiality was protected. Care records were kept in people's homes, before being archived at the main office where they were stored In a locked cabinet in a secure room.

Is the service responsive?

Our findings

People told us that the care and support that they received was appropriate to meet their needs, their comments included; "I get the support I need from them", "They (staff) are very flexible. Nothing is too much trouble" and "The care has been as I would expect and how I want".

People's care records were personalised and contained information around how staff should support them. People received an initial assessment of their needs, which included information around their physical and mental health, and what had prompted them to seek support from the service. This information was then used to develop the care and support that they would receive. People, and where appropriate, their relatives told us that they had been involved in the planning and development of their care. Their comments included, "Yes I was involved in the care planning process", "I told them how [relative] needs help to put their hearing aids in, and how they like to have their hair combed". Care records were reviewed on a routine basis, and changes made as required. This ensured that information remained up-to-date and relevant.

People had been consulted about their preferences with regards to their daily routine which was recorded in their care records. Care records also contained information about people's likes and dislikes, for example the social activities they enjoyed. A 'what's important to me' section included relevant background information. This enabled staff to get to know people, and enabled them to provide the appropriate level of support.

Care records included a timetable which outlined the time that staff should arrive at people's homes and what tasks they should undertake for people. People told us the registered manager worked to accommodate their preferences with regards to times, and one person told us that the registered manager had made adjustments to their timetable when a more suitable time had become available.

People told us that staff stayed for the allotted period of time, their comments included, "They stay for the full amount of time" and "They always spend the time with me". Staff commented that they did not feel rushed and felt that they had the time to provide personalised support. One staff member commented, "I don't feel any pressure at all regarding time. I like being able to give people the time they need".

The registered provider had responded appropriately to manage the risks associated with people's needs. Risk assessments were in place, which included information around people's mobility and medication, each of which were scored according to the likelihood of harm occurring, and detailed how staff should act to minimise the risks. We saw an example where a key worker had been allocated to provide support to a person who had a history of being resistant to care, in an attempt to build up trust. We spoke with the key worker who had a very clear understanding of this person's needs and how best to support them.

The registered provider had an adverse weather policy and procedure in place, and had access to four wheel drive vehicles to support with accessing people's homes in more rural areas. One person commented, "In the winter the weather can be very bad here. They always get in touch if they're running late". The registered manager received weather warnings from the meteorological (MET) office via the local authority, which were

then forwarded to staff via text.

People told us that they knew how to make a complaint, and that they would feel confident in doing so. The complaints process was included within the service user guide which was given to people when they first started to use the service. The registered manager told us that they encouraged people to contact them with any concerns, and that the management team regularly sought feedback from people in order to address any issues they may have. People told us that they had regular contact with the registered manager and other members of the management team, their comments included, "They have a motto, 'We don't know what you don't tell us'. The manager calls me from time to time to ask if everything is alright" and "The manager has been out to see us before to talk about our experiences".

Is the service well-led?

Our findings

Staff spoke very highly of the service, and the management team. Their comments included "I love it here. They are absolutely fabulous people to work for. The management team are amazing", "This is an excellent place to work. The manager is always there to back you up" and "The service is good. The manager is always flexible if staff have any personal issues". People also made positive comments on the service, which included, "The service goes above and beyond", "They are very good" and "I've had very positive experiences".

There was a registered manager who had been in post since 07 September 2015. Staff were familiar with who the registered manager was and commented that they would feel confident in approaching him with any comments or concerns. Staff were aware of the management structure within the service which included two team managers who supported the registered manager with running the service.

The registered provider sought feedback from people by making regular contact to gain an understanding of their experiences. People confirmed that they were contacted on a regular basis, and told us that they felt able to contact the registered manager with any concerns or comments they may have. People's comments included; "I am very confident that any issues would be dealt with" and "We're very comfortable. We would have no problem raising any issues".

Staff told us that they were encouraged to have informal meetings with the registered manager to give their views on how the service was running. One staff member commented, "The manager listens to our views because we're the ones who know people best". Regular team meetings were held which gave the registered manager the opportunity to pass any updates onto staff, and allowed staff to give feedback on the service. Staff confirmed that they felt well supported by the management team.

A care review audit was completed by the registered manager on a routine basis which aimed to ensure that quality was maintained within the service. This included a review of people's care records to ensure that they were up-to-date and that information was being recorded accurately. Contact was also made with people to discuss whether they were being provided with the support they needed, and to determine if anything could be done better. Staff conduct was also monitored to ensure standards were being maintained. Feedback from people who used the service included a number of compliments relating to the support provided by staff and the quality of the care provided.

Staff were aware of the registered provider's philosophy of care which included involving people in their own care, and maintaining their dignity. For example staff spoke knowledgeably about the people they supported and told us they were aware of the importance of delivering care and support in a way that people wanted. One person commented, "Staff are very personalised in their approach".

Policies and procedures were kept in the office and were accessible to staff. These included policies on whistleblowing and safeguarding, which outlined to staff how they could report any concerns, either internally or by going to an outside organisation such as the local authority. Policies and procedures were

reviewed on a routine basis, which ensured that staff had access to up-to-date information.

The registered provider is required by law to notify the CQC of specific incidents and events which have occurred at the service. The registered manager was familiar with those events which we needed to be notified of, and our records indicated that this had been followed through.